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REQUEST **FOR** INUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number	10/659,382		
Filing Date	September 11, 2003		
First Named Inventor	Masaaki KIYOMIYA		
Group Art Unit	2652		
Examiner Name	Brian E. MILLER		
Attorney Docket Number	107156-00205		

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114						
a.	Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.					
	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on					
	ii.	Other				
b.	×	Enclosed .	:	Information Disclosure (IDS)		
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2. Miscellaneous						
a.						
	a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)					
b.	Other					
3. F	. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.					
a.	a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to					
	Deposit Account No. 01-2300. A duplicate copy of this sheet is enclosed.					
	i. X RCE fee required under 37 C.F.R. § 1.17(e)					
	ii. 🛛 Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) (One Month Extension)					
	iii. Any additional fees which may be due					
b.						
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
information and authorization on PTO-2038.						
IIIIOIIIIa	lion an					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Name	(Print/		AMARIA CONTRACTOR	ration No. (Attorney/Agent) 27,931		
Signatui		Leaver () sam fr	Date	October 11, 2005		
CERTIFICATE OF MAILING OR TRANSMISSION						
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